



Nebraska Department of Motor Vehicles

Certification of Sex Reassignment

Applicant's Name

Applicant's Driver License Number

Applicant's Date of Birth

I certify that the above named applicant has undergone the necessary sex reassignment procedures required for social gender recognition and is requesting that a driver license/ID card be issued using ____male ____female as the gender.
Select One

Certifying Physician's Printed Name (must be an M.D.)

Date

Physician's Address

Phone Number

Physician's Signature